MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6	1	1				
7		1				
8		2				
9		1				
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TOTAL IND.	2					
TOTAL DEP.	10					
TOTAL CLAIMS	11					

		IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							